



5005/002-Renewal Fee _____
5005/006-Regulatory Fee _____
5005/001-Late Fee _____
TOTAL \$ _____

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE, METROCENTER
NASHVILLE, TENNESSEE 37243

MEDICAL LABORATORY BOARD
REINSTATEMENT APPLICATION**

FOR OFFICE USE ONLY

License No: _____ License Status: _____ Expiration Date: _____
File No: _____ Activity Status: _____ End Process Date: _____

Instructions

The fee to reinstate your application is \$ _____

YOUR CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO THE STATE OF TENNESSEE

Do Not Send Cash!

Return this form and have all correspondence sent to the following address:

Medical Laboratory Board
227 French Landing, Suite 300
Heritage Place, MetroCenter
Nashville, TN 37243

Personal and Professional Information {Please Type or Print in Ink}

Name: _____ Birth date: _____
(Last, First, Middle) Soc. Sec. No.: _____
Home Address: _____ Work Address: _____

Home Phone: () _____ Work Phone: () _____

I am, or have been, licensed, certified or held a permit to practice my profession in the following states:

[You must have a licensure, certification or permit verification sent directly from each of these states to the Board's Administrative Office (address above) before reinstatement can be authorized.]

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative (i.e. Yes), you must attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of the questions below, the following word is defined as:

- λ **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.

QUESTIONS:

YES NO

1. Do you currently or have you within the past two (2) years had a **medical condition** which in any way impairs or limits your ability to practice in the medical laboratory field with reasonable skill and safety? **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? _____

b. If you have any limitations caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? _____

2. Do you currently or have you within the past two (2) years used **chemical substances**? **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally. _____

If yes, do they in any way impair or limit your **ability to practice in the medical laboratory field** in regards to skill or safety? **"Ability to practice in the medical laboratory field"** is to be construed to include all of the following: _____

- The cognitive capacity to make appropriate clinical decisions and exercise reasoned medical laboratory judgments and to learn and keep abreast of medical laboratory developments; and _____
- The ability to communicate those judgments and information to patients and other health care providers with or without the use of aids or devices, such as voice amplifiers; and _____
- The physical capability to perform medical laboratory tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids. _____

(If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

COMPETENCY INFORMATION CONTINUED

QUESTIONS:	YES	NO
<p>3. Are you currently or have you been within the past two (2) years engaged in the illegal use of controlled substances? "Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.</p> <p style="margin-left: 40px;">If yes, are you currently or have you in the past two (2) years participated in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?</p>	—	—
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	—	—
5. If you have ever held or applied for a license, registration or certification to practice in the medical laboratory field in any state, country, or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	—	—
6. Have you ever failed an examination related to medical laboratory licensure, registration, or certification?	—	—
7. Have you ever applied for and been denied a state or federal controlled substance certificate?	—	—
If you have possessed such a certificate has it ever been revoked, suspended, restricted or otherwise disciplined or voluntarily surrendered under threat of investigation or disciplinary action?	—	—
8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	—	—
9. Have you ever been rejected or censured by a medical laboratory professional society?	—	—
10. In relation to the performance of your professional services in any profession:	—	—
a. Have you ever had a final judgment rendered <u>against</u> you; or	—	—
b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	—	—
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	—	—
11. If you have ever held a license, registration or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	—	—

Please give a brief explanation of why you are asking to reactivate your retired license: _____

FILL OUT AND READ THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT FOR REACTIVATION OF A RETIRED LICENSE

In making this application, I certify that the statements given are true and correct and that I have complied with all reactivation/reinstatement/renewal requirements and, if applicable, all continuing education requirements set forth in the Tennessee Code Annotated and the Official Compilation of Rules and Regulations of the State of Tennessee regulating the practice of my profession in Tennessee.

Applicant's Signature

Date

In the state of _____ and county of _____, being duly sworn and identified as the person referred to in this application, he/she attests to the truth of each statement made in said application.

Sworn to before me, this _____ day of _____, _____.

Notary Public

My commission expires _____

NOTARY SEAL